



**MORNINGSIDE PEDIATRIC DENTISTRY COVID19 PROTOCOLS**  
**updated 05/28/2021**

To minimize the risk of transmission of COVID19 and ensure the safety and well-being of our patients, their families, our staff and those we may come in contact with, we have modified our office protocols. **Please review, initial, sign and date.**

**GENERAL INFORMATION**

- We will keep up to date on all CDC and OSHA interim guidelines and standards and follow them in a timely fashion.
- All employees will be screened daily and no one will report to work sick.
- Standard infection protocols will be maintained as always. This includes using germicides to disinfect surfaces and sterilization of critical and semi-critical instruments.
- Appropriate Personal Protective Equipment will be worn by all staff.
- HEPA filtration of circulating air, with increased air changes for the office will be maintained.
- ***We request that you inform the office if anyone in your household is exposed to COVID-19 or develops symptoms of illness, such as: fever, cough, congestion, diarrhea, fatigue, within 10 days of your appointment. \_\_\_\_\_ (initials)***

**CHECK-IN**

- We encourage your child to use the bathroom at home before you come for your visit.
- Please do not bring any additional people to the appointment other than the patient(s) and one parent/guardian.
- Please have a parent/guardian come into the office to checkin. The adult or guardian may wait outside on the premises, in their car or in the waiting room after checkin.
- An adult must wear a mask while in the office. Please bring your own and ensure it covers your nose and mouth securely at all times. Adults will **NOT** be allowed into the office without a proper mask. \_\_\_\_\_ (initials)
- We encourage patients to also wear masks to their appointment.

**PATIENT CARE**

- Each patient will have:
  - a temperature screening
  - an antimicrobial mouth-rinse
  - wash hands before/after appointment

**CHECKOUT**

- As a courtesy, we will file one claim with one PPO insurance plan on your behalf.
- We do not verify insurance benefits. Please review your insurance benefits and coverage with your insurance company prior to the appointment. The parent is responsible for paying any balance if the insurance company does not pay the full fee. \_\_\_\_\_ (initials)

- Payment for services will be due or secured at the time of appointment.
- If credit card authorization is refused, payment will be requested in full at the time of the appointment, and an insurance claim form can be provided for the patient to submit themselves.

**Patient(s) First Name(s):** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name of Accompanying Parent** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_